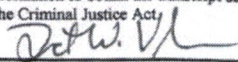
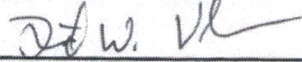
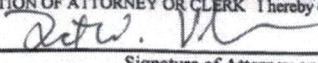


1. CIR./DIST./DIV. CODE NCE		2. PERSON REPRESENTED Jeffrey Levon Wright		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 4:13-000039-001		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) US v. Wright		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=ND.F- Conspiracy to Distribute Narcotics 2) 21 924(c)							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Sentencing Hearing							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Detention Hearing							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  Signature of Attorney _____ Date 7-18-14 Printed Name David W. Venable Telephone Number: 919-833-2241 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. _____ Signature of Presiding Judge or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS David W. Venable P.O. Box 2984 Raleigh, NC 27602 Telephone Number: (919) 833-2241			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE 56-2112415							
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original		36	\$4.85			\$174.60	
Copy							
Expense (Itemize)							
TOTAL AMOUNT CLAIMED:						\$174.60	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee  Date 7-18-14							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  Signature of Attorney or Clerk _____ Date 7-18-14							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court						24. AMOUNT APPROVED _____ Date	



SHARON K. KROEGER
Registered Professional Reporter
7313 Chicora Court
Raleigh, NC 27615
(919) 870-1017

TO: Mr. David W. Venable
Attorney at Law
205 W. Martin Street
P. O. Box 2984
Raleigh, NC 27602

Date: May 16, 2014

U.S. vs. Wright
Motion Hearing; 7/22/13

36 pgs. @ \$4.85/pg.

\$174.60

DEPOSIT

194.00

REFUNDED

\$ 19.40

THANK YOU!!

DAVID W. VENABLE
ATTORNEY AT LAW
PO BOX 2984 PH 919-833-2241
RALEIGH, NC 27602

6980

68-30531
086

DATE 12 May 14

PAY
TO THE
ORDER OF

Ms Sharon Kroeger

\$ 194⁰⁰

DOLLARS

One hundred ninety-four



First Citizens
Bank

FOR US v. Wright 13-CR-39 Transcript

DW V

⑈006980⑈